

Registration District No. 931

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Byron Ingold

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Elsie Ingold 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10/3/1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Vyaconda Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name Frank Ingold

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Emma Ambler

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Byron Ingold

(b) Address Canton, Missouri

17. (a) Removal (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Missouri

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd at Concordia Lane

19. (a) APR 23 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1942 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 1 1942, to March 23 1942; that I last saw him alive on March 23 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Myocardial infarction 3mo

Due to Hypertensive + arteriosclerotic heart disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy confirms above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. Lake (M. D. or other) _____
Address BARNES HOSPITAL Date signed 3/23

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

056
NR 0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 2 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Vera Szeczek

Registered Apprentice No.

296

working under my personal supervision.

Signed

Edward J. Beckford

Licensed Embalmer No.

2502

P. O. Address

Clayton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.